

CLAIMS ONLY							Application Number <div style="font-size: 1.2em; font-family: cursive;">10 718 508</div>	Filing Date
							Applicant(s)	
* May be used for additional claims or amendments								
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*	
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
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Total Depend								
Total Claims								

Filing Date

Applicant(s)

* May be used for additional claims or amendments